

TRADITIONAL FOLK ARTS - *GUIDELINES AND APPLICATION*
APPLICATION DEADLINE: MARCH 7, 2003
FUNDING TO START: JULY 1, 2003

(Please Print or Type)

Name _____

Contact Person _____

Mailing Address _____

(Number and Street, or P.O. Box)

(City, County, and ZIP Code)

Telephone _____

(Day)

(Evening)

(Fax)

(Email)

(Website)

Check if your arts group is an incorporated, tax-exempt 501(c)3 arts organization.

☐ _____
 Federal Employer ID No. (if applicable)
FISCAL RECEIVER

Name of Fiscal Receiver _____

Contact Name _____

Street Address _____

City/County/Zip _____

Federal Employer ID No. _____ Telephone: _____ Fax: _____

Email: _____ Website: _____

1. Check one artistic discipline listed below which best describes the work you produce:

- | | | |
|---|--|---|
| <input type="checkbox"/> 01 Dance | <input type="checkbox"/> 06 Design Arts/Architecture | <input type="checkbox"/> 12 Folk Arts (Discipline: _____) |
| <input type="checkbox"/> 02 Music | <input type="checkbox"/> 07 Crafts | <input type="checkbox"/> 14 Multi-Disciplinary |
| <input type="checkbox"/> 03 Opera/Musical Theater | <input type="checkbox"/> 08 Photography | <input type="checkbox"/> 17A Arts Service |
| <input type="checkbox"/> 04 Theater | <input type="checkbox"/> 09 Media Arts | <input type="checkbox"/> 17B Arts in Education |
| <input type="checkbox"/> 05 Visual Arts | | <input type="checkbox"/> 17C Presenters |

2. Number of years applicant has consistently been doing arts programming: _____

 3. Have you previously received funding from the Multi-Cultural Entry Program? ☐ No ☐ Yes
 If yes, year funded: 19____ Number of years funded: _____

4. If you have applied for funding from the Organizational Support Program (OSP), indicate most recent application status:

 Year Applied: _____ ☐ Funded ☐ Not Funded

5. Certificate of Eligibility for Funding: I hereby certify that to the best of my knowledge and belief, the data in this application and in any attachments hereto are true and correct.

Authorized Official Signature: _____ Date: _____

Typed Name and Title: _____

Name _____

CAC USE ONLY: ID# _____

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Request Budget

EXHIBIT A

Proposal Summary: **Must be completed by all applicants** in 35 words or less:

<i>Personnel Expense Category</i>	<i>New</i>	<i>Job Title</i>	<i>Rate of Pay</i>	<i>CAC</i>	<i>Request</i>
<u>Line Items</u>					
1. Artistic - Salaries	<input type="checkbox"/>	_____	_____	\$ _____	
	<input type="checkbox"/>	_____	_____	_____	
	<input type="checkbox"/>	_____	_____	_____	
			SUBTOTAL:	\$ _____	
2. Administrative - Salaries	<input type="checkbox"/>	_____	_____	_____	
	<input type="checkbox"/>	_____	_____	_____	
	<input type="checkbox"/>	_____	_____	_____	
			SUBTOTAL:	\$ _____	
3. Technical - Salaries	<input type="checkbox"/>	_____	_____	_____	
	<input type="checkbox"/>	_____	_____	_____	
	<input type="checkbox"/>	_____	_____	_____	
			SUBTOTAL:	\$ _____	
4. Total Personnel Expenses (Add 1, 2 and 3 above)				\$ _____	
5. Operating/Production Expense Category					\$ _____
TOTAL REQUEST BUDGET (add Lines 4 and 5)					\$ _____